PTO/SB/17 (10-07)
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Under the Paperwork Reduction Act of	red to re:	respond to a collection of information unless it displays a valid OMB control number.					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2008			Complete if Known  Application Number 10/534,361-Conf. #4870				
					December 13, 2005		
					Hiromitsu HAYASHI		
			Examiner Name		C. I. Boyer		
Applicant claims small entity status. See 37 CFR 1.27					1751		
			ALOM .		0425-1189PUS1		
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00			Attomey Docket I	10.			
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FI	LING FEES	SEAF	RCH FEES	EXAMIN	NATION FEES		
Application Type Fee (\$	Small Entity ) Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)
Utility 310	155	510	255	210	105	, <del>1</del>	
Design 210		100	50	130	65	•	
Plant 210		310	155	160	80	-	
Reissue 310	155	510	255	620	310		
Provisional 210	105	0	0	020	0	***************************************	
2. EXCESS CLAIM FEES	100	·	ŭ	v	v		Small Entity
Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues) 50 25							
Each independent claim over 3 (including Reissues) 210						105	
Multiple dependent claims 370 185							185
Total Claims Extra Claims	aims Extra Claims Fee (\$) Fee		aid (\$) Multiple Deper			dent Claims	
	· =			<u>Fe</u>	e (\$) <u>F</u>	ee Paid (	<u> </u>
HP = highest number of total claims paid for	if greater than 20.						
Indep. Claims Extra Claims	Fee (\$) Fee Paid (\$)						
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Fees Paid (\$)							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., Jate fitting surcharge): 1253 Extension for response within third month 1,050.00							
SUBMITTED BY \	2	l R	egistration No.	22 004	Tologhana	(702) 20	5 8000
	(Attorney/Agent) 52,001 Telephone (703) 203-00						
Name (Print/Type) John W. Bailey Date November 30, 2007							